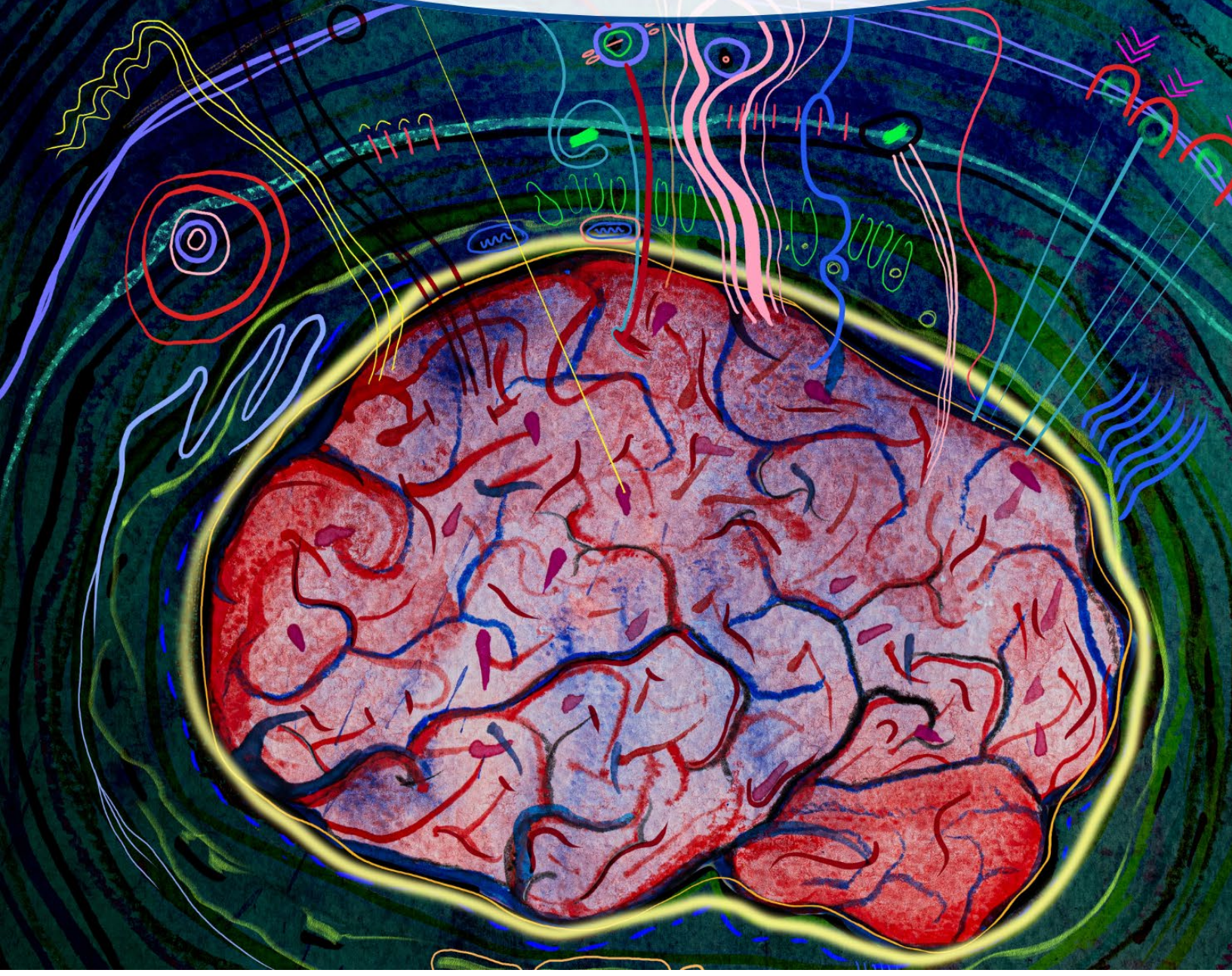
MENTAL HEALTH IN THE WORKPLACE

UFCW Canada National Mental Health Survey Results

UFCW your VOICE at work CANADA



INTRODUCTION

The UFCW Canada 2025 Mental Health Survey was developed to better understand the lived experiences of union members across the country—on the job, at home, and in their communities. With over 1,400 responses collected from both English and French-speaking members, this survey shines a light on the challenges and supports shaping members' mental health today. From understanding how often mental health is discussed in the workplace to identifying the barriers members face in getting support, this survey offers a serious look at the conditions affecting psychological well-being across diverse sectors and regions.

This report goes beyond statistics. Most of the 45 survey questions includes data tables, visual graphs, meaningful insights, and real quotes from members. These voices—raw, direct, and often emotional—speak volumes about what's working, what's missing, and what the union can do next. The analysis is organized by theme and the data points are clear: while many members value their work and co-workers, far too many face unsafe conditions, stigma, lack of support, and inconsistent leadership.

This survey is not just an evaluation—it's a call to action. Union leadership, stewards, and staff are in a unique position to address these concerns through bargaining, education, and workplace advocacy. The recommendations in each section are designed to be practical, strategic, and rooted in solidarity. By listening to our members and acting on their concerns, UFCW Canada can lead the way in building safer, more inclusive, and mentally healthier workplaces across the country.

HOW TO READ THIS REPORT

To help make the findings from this national survey more meaningful and accessible, most sections of this report include these components:

Insights

This section highlights the key takeaways from the data in plain language. It explains patterns in the numbers, what those patterns might mean, and why they matter to members and union leadership. These insights are designed to turn raw statistics into useful knowledge that can inform bargaining, training, and advocacy.

Respondent Comments

Real quotes from members are included in many sections to bring the data to life. These comments reflect the human experience behind the numbers—honest, unfiltered, and often emotional. Including members' own words helps centre their voices and ensures that no issue becomes "just a number."

What We Can Do

This section offers concrete, action-oriented ideas for how UFCW Canada, Local Unions, stewards, and employers can respond to the issues raised. It includes bargaining priorities, training needs, communication strategies, and health and safety recommendations. However, because the survey touched on so many aspects of work and mental health, the volume of suggestions may feel overwhelming. These aren't meant to be tackled all at once—but rather prioritized over time based on local capacity, member needs, and bargaining timelines.

MEMBER KNOWLEDGE OF MENTAL HEALTH FACTS

These questions explore how UFCW Canada members understand foundational mental health facts—and why that matters in the workplace. Members were asked about their knowledge of key national statistics, including how many Canadians experience mental illness each year, how mental health impacts people by age 40, and the role of mental illness and substance use in disability rates. The findings show that while some members are well-informed, many either underestimate or are unaware of the scale of mental health challenges in Canada.

This matters because knowledge is power—especially when it comes to pushing for safer, more inclusive workplaces. For example, if workers underestimate how common mental illness is, they may be less likely to recognize symptoms in themselves or others, advocate for mental health accommodations, or view mental health as a legitimate concern for Joint Health and Safety Committees. The data reveals that nearly half of respondents were unaware or misinformed about key facts, which can weaken collective support for mental health-related protections.

The insights presented in this section also highlight how gaps in basic knowledge can contribute to stigma, dismissal, and isolation. When people don't see mental health as a widespread or legitimate issue, they're less likely to talk about it, seek help, or push for change. In unionized environments, these misunderstandings can hold us back from building the kind of solidarity and support systems members need—not just on paper, but in real day-to-day practice.

Fact: In any given year, 1 in 5 Canadians experience a mental illness.

Insights

The fact that only 49.5% of members were aware of this widely cited statistic shows that while general knowledge is moderate, there is still a significant group (15.6% unaware, 34.8% higher/lower) that may lack essential mental health literacy. This weakens workplace advocacy because members may not see mental health as a shared concern impacting their coworkers or themselves.

	# of Respondents	Percentage
I Was Unaware	227	15.6%
Thought It Was Lower	131	9.0%
Thought It Was Higher	375	25.8%
I Was Aware	718	49.5%

Fact: By the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness.

Insights

With only 42.1% of members aware of this serious statistic, this suggests that members underestimate how many people — especially younger workers — are impacted. This lack of awareness may contribute to stigma and the dismissal of early signs of mental illness in the workplace.

	# of Respondents	Percentage
I Was Unaware	429	29.6%
Thought It Was Lower	227	15.7%
Thought It Was Higher	183	12.6%
I Was Aware	609	42.1%

Fact: Mental illness and substance use disorders are leading causes of disability in Canada.

Insights

Though this question had the highest awareness (53.5%), nearly a third of members (32.1%) did not recognize the long-term consequences of untreated mental illness. This may affect how mental health-related accommodations and disability claims are viewed in the workplace.

	# of Respondents	Percentage
I Was Unaware	465	32.1%
Thought It Was Lower	117	8.1%
Thought It Was Higher	91	6.3%
I Was Aware	774	53.5%

What We Can Do

- Ensure the topics of violence prevention and mental health are part of workplace health and safety training.
- Develop a media campaign about mental health (i.e. 'Did You Know?') to include as memes, break room flyers and webCampus modules.
- Offer training for stewards to incorporate mental health awareness into routine member check-ins, grievance processes and recognizing psychological disabilities.

WHO WE ARE: IDENTITY, WORK, AND COMMUNICATION NEEDS

Who We Are: Identity, Work, and Communication Needs
Demanding Roles
Full-time, public-facing jobs increase need for mental health and de-escalation support.
Inclusive Workforce
Majority female with gender-diverse members—policies must reflect inclusive language and respect.
Disclosure Gaps
22% didn't share sexual orientation—stigma and confidentiality concerns remain.
Literacy Barriers
11% face literacy issues—need multilingual and accessible mental health resources.
Preferred Learning
Members favour visual, hands-on training over lectures—support webCampus and steward-led sessions.

This part of the survey paints a detailed picture of who UFCW members are—and why understanding those identities is essential for advancing mental health support across UFCW Canada workplaces.

With over 1,400 members participating from across Canada, the strongest engagement came from Manitoba and Ontario. While the majority of respondents were aged 28 to 59, younger and older members were less represented, highlighting the opportunity to better engage Gen Z and older members.

The data shows a workforce that is predominantly female and includes a visible presence of gender-diverse identities—proof that inclusive, respectful language and policies are essential. Likewise, while most members identify as heterosexual, nearly 22% chose not to disclose their sexual orientation, pointing to lingering stigma or concerns about confidentiality.

Over half of respondents work full-time hours, and most perform customer-facing and physically demanding jobs. These conditions, along with high rates of public interaction and repetitive work, underscore the urgency for mental health supports and de-escalation training in customer-service settings.

Learning preferences were clear: members favour visual and hands-on learning over lecture-based or auditory formats. This reinforces the value

of webCampus, steward-led discussions, and practical, interactive training modules. Notably, 11% of members face workplace literacy barriers, with needs ranging from multilingual resources to accessible formats for Indigenous and neurodiverse workers.

Overall, this demographic profile offers more than just numbers—it's a roadmap for how UFCW Canada can deliver more inclusive, accessible, and responsive mental health initiatives that meet members where they are, in both identity and experience.

Q2. Please share your province, city and postal code:

Insights

Participation was highest in Manitoba and Ontario, showing strong union engagement in Central Canada. While national in scope, response rates from the rest of Canada may reflect outreach limitations or regional differences in tech access.

Province/Region	# of Respondents	Percentage (%)
Manitoba	731	58%
Ontario	267	21%
West	63	5%
East	74	6%
Quebec	133	10%

What We Can Do

- Increase targeted outreach and education campaigns in underrepresented regions.

- Continue to offer and translate key materials into French and regional Indigenous languages to boost accessibility and inclusion.

Q3. What is your current age?

Insight: This reflects a workforce dominated by Gen X and older Millennials. These groups are often established in their roles, possibly with longer tenure, which may influence their likelihood to engage in union surveys and mental health discussions.

Engagement from the youngest and oldest age brackets is relatively low. This could point to:

- Younger members maybe less familiar with union communications (i.e. surveys).
- Older members possibly being in part-time or semi-retired roles or facing tech/access barriers.

Age Range	Number of Respondents	Percentage (%)
12 - 27 years of age	170	13.35%
28 - 43 years of age	374	29.38%
44 - 59 years of age	512	40.22%
60 - 78 years of age	202	15.87%
79 - 86 years of age	3	0.24%
Prefer to not answer	12	0.94%

What We Can Do

- Increased promotion and support of youth groups/programs (i.e. YIP)

- Consider intergenerational mentorship programs.

Q4. How do you identify?

Insights

Most members identify as female, which aligns with union representation in retail and healthcare sectors. Gender-diverse identities, though a small percentage, reinforce the importance of inclusive practices, representation, and anti-discrimination language.

Gender Identity	Number of Respondents	Percentage (%)
Female	799	62.77%
Male	434	34.09%
Transgender	9	0.71%
Queer	10	0.79%
Intersex	1	0.08%
Two-Spirit	2	0.16%
Prefer not to answer	23	1.81%
Other	10	0.79%

What We Can Do

- Continue to ensure '*member facing information'* use inclusive, non-gendered language.
- Encourage staff & stewards to support gender-diverse members with appropriate pronouns at Local and National events.

Q5. What is your sexual orientation?

Insights

While the majority identify as heterosexual, the number of respondents identifying as bisexual and other 2SLGBTQI+ identities are notable. The 21.6% non-disclosure rate signals caution and stigma around this topic, reinforcing the need for safety and confidentiality.

Sexual Orientation	# of Respondents	Percentage (%)
Lesbian	21	1.65%
Gay	20	1.57%
Heterosexual	787	61.82%
Bisexual	76	5.97%
Pansexual	9	0.71%
Asexual	25	1.96%
Queer	18	1.41%
Prefer not to identify	278	21.84%
Other	72	5.66%

What We Can Do

- Increase 2SLGBTQI+ education and representation into core union training and public messaging.
- Consider confidential feedback and disclosure systems to ensure safe spaces for members of all sexual orientations.

Q6. How long have you been working as a UFCW member with this business?

Insights

The union has a strong base of experienced members (35.5% over 11 years), but nearly 35% are within their first three years. This signals the importance of strong orientation, mentorship, and onboarding for newer members.

Union Membership Duration	# of Respondents	Percentage (%)
Less than 6 months	91	7.15%
7 months to 1 year	104	8.17%
1 - 3 years	285	22.39%
3 - 10 years	341	26.79%
11 years +	452	35.51%

What We Can Do

- Support a steward-led welcome process that checks in with all new members during their first 90 days.
- Consider creating webCampus onboarding pathways for Locals' members in their first 3 years to introduce union history, mental health, and rights.

Q7. On average, how many hours do you work per week for this business?

Insights

Over half of members are full-time, but 49% work fewer than 36 hours. This split highlights the need for advocacy around scheduling fairness, access to benefits, and work-life balance for part-time workers.

Surprising, no one identified with working for more than one employer given that working multiple jobs is increasingly common. A few possible causes may include:

- Members might not have understood the question or didn't see themselves reflected in that option (e.g. if their second job isn't UFCW-represented).
- Some may not feel safe disclosing secondary employment due to fear of judgement.
- The union's strong representation may be enabling more members to sustain themselves with a single union job—which is a good news story worth sharing.

Weekly Work Hours	# of Respondents	Percentage (%)
Less than 20 hours	203	15.95%
20 - 36 hours	422	33.15%
More than 36 hours	648	50.90%
I work for more than one employer	0	0.00%

What We Can Do

- Fight for flexible *mental health leaves* that is available for both part-time and full-time members.

Q8. Check off the descriptors that are frequently true for your job role:

Insights

- Nearly 70% of respondents report dealing with the public as a regular part of their job, indicating a high rate of customer-facing roles across UFCW sectors.
- 64% report performing repetitive physical labour, which is strongly correlated with physical strain, chronic pain, and fatigue.
- A large portion (38%) use personal protective equipment regularly, which may point to potential risks or hazards in many unionized environments.

Job Role Descriptor	# of Selections	Percentage (%)
Dealing with public (i.e. customers)	884	69.33%
Repetitive physical work, manual labour (i.e. lifting, cleaning, walking)	819	64.24%
Problem-solving, decision-making, and creative thinking	688	53.96%
Analyzing data, planning, and strategizing	274	21.49%
Production, repair, and operative occupations	227	17.80%
Working with technology (i.e. data entry, computers etc.)	432	33.88%
Personal protective equipment is part of your work	485	38.04%
Other (please specify)	83	6.51%

What We Can Do

- Continue advocating for ergonomic supports and breaks.
- Prioritize mental health of public-facing members holding employers responsible for safe workplaces.

Q9. Select the ways you best understand information:

Insights

- Visual learning (67%) and kinesthetic learning (58%) were the most common preferences, indicating a strong need for hands-on, visual formats like videos, charts, and demos.

- Social learning (45%) remains important, pointing to the continued value of in-person classes, discussion groups, and collaborative learning spaces.

Preferred Learning Style	# of Respondents	Percentage (%)
Visually (pictures, lip-reading)	858	67.29%
Auditory (recordings, podcasts)	429	33.65%
Kinesthetic (doing, practicing)	747	58.59%
Reading (books, articles)	625	49.02%
Socially (with others, in a class)	581	45.57%
Other (please specify)	25	1.96%

What We Can Do

- Ensure learning materials have a visual and hands-on focus like using infographics, illustrations, short videos, and practical simulations during learning events.

- Support accessible learning. Where possible, include closed captions, interpretation, and plain language summaries to ensure members with hearing, cognitive, or language barriers can participate.

Q10. Do you experience literacy barriers (i.e. information not presented in your first language) at work?

Insights

- Almost 11% of members report experiencing literacy barriers at work. These barriers can include signage, policies, or training not being presented in their first language.
- The vast majority (87%) report no barriers, which is encouraging but does not eliminate the need for targeted support.

Response	# of Respondents	Percentage (%)
Yes	136	10.67%
No	1117	87.61%
Other (please specify)	22	1.73%

What We Can Do

- Expand multilingual communication by advocating for key workplace materials—safety procedures, training, and signage.

WORKPLACE SATISFACTION, STRESSORS, BEHAVIOUR, AND AVAILABLE SUPPORTS

This section sheds light on UFCW members' day-to-day work experiences—and the ways those experiences directly affect their mental health and well-being. While many members report satisfaction in their roles, the data also reveals serious challenges tied to unsafe conditions, toxic workplace behaviours, and lack of access to mental health supports.

Most members (over 67%) say they enjoy going to work “most of the time" or “always," when it includes teamwork, flexibility, and fair treatment. However, nearly a third say they only occasionally—or never—enjoy their jobs, citing toxic workplace cultures, poor management, and lack of recognition as reasons. When asked what makes work enjoyable, members named teamwork, work-life balance, and flexibility as top factors, while conflict, poor leadership, and lack of support were most often named as reasons for dissatisfaction.

A deeper concern emerged around safety: many members report feeling pressured to work under unsafe conditions, including chronic understaffing, broken equipment, and lack of breaks. More than 40% experience this kind of pressure at least half the time—and 12% say it's constant. These findings continue to raise red flags about employer compliance with basic health and safety standards.

The data also highlights the mental toll of disrespect and harassment. Nearly 1 in 5 members experienced intimidation or bullying in the past year. Over 500 members reported customer abuse, and many said they received no support from management. Reports of isolation, exclusion, and mobbing suggest workplace culture problems that go beyond individual incidents.

Finally, when asked about mental health supports, only 15% rated workplace resources as “great." Most rated them as “just okay" or “inadequate," with many unsure how to access them or lacking trust in employer-provided services. This points to a critical opportunity for UFCW

to normalize mental health conversations, build peer support, and demand trauma-informed employer responses.

UFCW members are proud of their work, but many are stretched thin, disrespected, or unsupported—especially in high-pressure and public-facing roles. This section offers a clear call to action: union-led solutions that go beyond typical benefits to include psychological safety, worker solidarity, and a culture of care.

Q11. Do you enjoy coming to work?

Insights

- Over two-thirds (70%) of respondents say they enjoy coming to work 'most of the time' or 'always', which suggests strong morale for many.
- However, 24% of members only 'occasionally' enjoy their work, and 5% say they 'never' do. This signals potential issues in workplace culture, workload, or recognition.
- This range of sentiment is consistent with national data showing that job satisfaction varies by industry, job control, and respect by the employer.

Response	Number of Respondents	Percentage (%)
Never	67	5.54%
Occasionally	294	24.30%
Most of the time	614	50.74%
Always	235	19.42%

Respondent Comments

"I dread my shifts. Management doesn't listen and morale is low."

"I like the work I do, but the environment makes it hard to enjoy coming in."

"I always go to work with a smile—even when things are tough, I know I make a difference."

"It's a job. I don't love it, but I have bills to pay."

What We Can Do

- Find ways to check in with members more frequently about their mental health.
- Push employers on respectful management: demand training and accountability where management behaviour contributes to dangerous workplaces and poor morale.

Q12. When you enjoy your work, check off the key item(s) you attribute this to:

Insights

- The top three reasons members enjoy their work are: work-life balance, teamwork, and flexibility.
- Recognition, fair pay/benefits, and supportive management also play a significant role.

Reason Members Enjoy Work	# of Respondents	Percentage (%)
Flexibility	534	45.10%
Work-life balance	538	45.44%
Recognized for the work I do	445	37.58%
Fair pay/benefits	486	41.05%
Teamwork	560	47.30%
Management that is understanding	460	38.85%
Interesting work	364	30.74%
Potential Advancement	151	12.75%
Manageable Workload	395	33.36%
Clear work expectations	412	34.80%
Other (please specify)	99	8.36%

Respondent Comments

“Our team really pulls together when things get busy. That's what keeps me going.”

“Being able to change my shift to accommodate my kids makes all the difference.”

"The customers make it worth it."

What We Can Do

- Support strong worker to worker relationships by encouraging worker recognition in union-supported workshops and meetings.
- Encourage worker recognition by encouraging employer-led appreciation initiatives.

Q13. When you dislike your work, check off the key item(s) you attribute this to:

Insights

- The top reasons members dislike work includes lack of teamwork, poor leadership, and conflict with management.
- More than 3 in 10 cited harassment, discrimination, or violence in the workplace, which are serious concerns for psychological safety.

Reason Members Dislike Work	# of Respondents	Percentage (%)
Lack of teamwork	572	49.48%
Conflict with co-workers	384	33.22%
Conflict with Management/Supervision	450	38.93%
Harassment/discrimination	282	24.39%
Violence in the workplace	130	11.25%
Lack of effective leadership	504	43.60%
Scheduled shifts	221	19.12%
Boring work	220	19.03%
Long commute	138	11.94%
Insufficient pay/benefits	446	38.58%
Inability to advance	252	21.80%
Unrealistic workload	356	30.80%
Other (please specify)	104	9.00%

Respondent Comments

"There's no plan, just chaos every day. No wonder people are burning out."

"We usually don't have enough staff to handle the rush—stress builds fast."

"Dangerously undertrained and expected to manage the unmanageable."

What We Can Do

- Provide conflict resolution and emotional intelligence training to union stewards and demand management supervisors have received similar training.
- Push employers to address toxic management behaviours as part of workplace safety enforcement.

Q14. What percentage of time have you felt pressured to work in conditions you felt were unsafe (i.e. dealing with abusive customers, working with old/questionable equipment, excessive hours without a break)?

Insights

- Nearly 1 in 4 workers (23.11%) reported feeling unsafe less than 10% of the time, which suggests a minority feel mostly protected.
- More than 40% of respondents experienced pressure to work in unsafe conditions at least 50% of the time, indicating systemic issues in many workplaces.
- Over 10% of workers faced these unsafe conditions 90–100% of the time—an alarming figure that points to chronic, ongoing risk.

Percentage Range	# of Respondents	Percentage of Total (%)
0-9%	49	23.11
10-19%	32	15.09
20-29%	31	14.62
30-39%	22	10.38
40-49%	16	7.55
50-59%	18	8.49
60-69%	4	1.89
70-79%	15	7.08
80-89%	12	5.66
90-99%	8	3.77
100%	5	2.36

Respondent Comments

"I've told them the slicer is dangerous, but it's still in use."

"Working alone at night with no security is scary."

"It's not just sometimes—we're short-staffed and undertrained almost every day."

"They push us to keep working, even when it's clearly not safe."

What We Can Do

- Empower workers to refuse unsafe work. Offer webCampus modules or steward-led sessions on using their legal right to refuse unsafe tasks under provincial laws.
- Demand employers implement prevention policies and monitor their actions.
- Mandate Joint Health and Safety Committees review incidents and risk exposures monthly, and report to unit members on improvements.

Q15. Identify the behaviours you or co-workers have experienced on the job in the past year:

Insights

- Intimidation/harassment and bullying were the most commonly reported experiences.
- Customer abuse continues to run rampant. Even with management support it remains high (327 responses), while 276 members reported no support when facing abuse.
- The issue of mobbing/swarming and exclusion may signal deeper cultural issues in some workplaces.

Behaviour	# of Respondents	Percentage of Total (%)
Intimidation/harassment	419	19.11
Bullying	391	17.83
Customer abuse - with support	327	14.91
Customer abuse - no support	275	12.54
Isolation/exclusion	217	9.9
Threat of violence	212	9.67
Other	157	7.16
Violence	138	6.29
Mobbing/swarming	57	2.6

Respondent Comments

"Management stands there and watches while a customer screams at you."

"It's not just the customers—coworkers bully too, and no one does anything."

"I've seen people cry on their shift and be told to 'just deal with it.'"

"We reported incidents, and it got worse before it got better."

What We Can Do

- Demand consistent manager intervention in abusive situations, including customer bans and restorative meetings.
- Demand employer supervision receive training in preventing customer abuse and are monitored by the JHSC's plus track repeat reports of mobbing, isolation, or harassment, and post site-specific safety plans for workers.

Q16. Rate the mental health resources/supports workers have easy access to at work.

Insights

- Nearly 4 in 10 members feel mental health resources at work are inadequate—a major gap in support.
- The data reflects a strong need for visibility, accessibility, and trust in mental health resources—especially among frontline workers.

Rating	Number of Respondents	Percentage of Total (%)
Okay	537	46.82
Inadequate	437	38.1
Great	173	15.08

Respondent Comments

"My workplace talks about mental health, but doesn't actually do anything."

"I got real help once—HR connected me to someone right away. That saved me."

"Mental health resources exist, but no one talks about them."

"We have posters, but no real follow-up or support."

"When someone's struggling, it's hard to know where to start."

What We Can Do

- Audit workplace supports to ensure resources are known, accessible, and helpful—or just performative.
- Normalize mental health conversations by promoting use of existing support through union-led campaigns.
- Push for trauma-informed policies, specifically for employers to be trained on how to offer support, reduce stigma, and respond to crises compassionately.

Mental Health Symptoms, Safety Practices, and Disability Impacts

This section reveals the emotional weight UFCW members carry on the job—and how workplaces often fail to acknowledge or address it. Across hundreds of comments and data points, a consistent message emerges: mental health is being strained by work but rarely supported by it.

Mental Health Symptoms, Safety Practices, and Disability Impacts
Most members report anxiety, fatigue, and other serious mental health symptoms from work.
Only 14% reported no symptoms—mental health struggles are the norm, not the exception.
Only 14% reported no symptoms—mental health struggles are the norm, not the exception.
Over 1 in 5 report mental health disabilities—many face stigma, silence, and no support.
Members want mental health treated as a real, visible workplace priority—not an afterthought.

Over half of respondents reported experiencing anxiety and fatigue due to their work. A third or more identified anger, irritability, and poor sleep, while some reported deeply concerning symptoms such as suicidal thoughts and decline in personal care. Only 14% said they had experienced none of the symptoms listed—clearly showing that mental health challenges are not the exception, but the norm.

Despite this, mental health remains largely absent from workplace conversations. Forty-two percent of members said it has *never* been raised in a workplace meeting. Most don't know if their Joint Health & Safety Committee discusses it, and 60% are unaware of whether violence risk assessments—a legal requirement in many provinces—are even being done.

These gaps in action have serious consequences. Many members say they work through pain—both physical and emotional—without accommodations or understanding. Over 25% reported pain-related disabilities, and more than 1 in 5 reported mental health disabilities. For three-quarters of those affected, the impact of their disability also harmed their mental well-being. Alarmingly, 1 in 5 reported experiencing stigma

regularly or frequently—and many more felt it quietly, through avoidance, silence, or lack of trust.

The data shows that stress, burnout, and stigma are embedded into daily work life for many UFCW members. And while workers are resilient, many are struggling in silence—often unsure who to turn to, or unwilling to disclose out of fear of reprisal.

Mental Health in many UFCW workplaces is at a tipping point. Members are asking for support, recognition, and protection—not just during crises, but in everyday conversations, policies, and health and safety practices. To truly create psychologically safer workplaces, mental health must become a visible, enforceable, and collective priority—one rooted in solidarity, not silence.

Q17. Select the symptoms that you have recently experienced on the job that are connected to your work.

Insights

- Anxiety (55.27%) and fatigue (55.10%) were the most common symptoms reported.
- Over 39% of members noted irritability and inadequate sleep, with over 40% reporting anger.
- Alarmingly, 13.15% noted a decline in personal care, and 4.89% reported suicidal thoughts.
- Only 14.27% said 'none of the above'—demonstrating widespread mental health impacts.

Symptom	Number of Respondents	Percentage of Total (%)
Anxiety	634	55.27
Fatigue	632	55.1
Anger	473	41.24
Irritability	457	39.84
Inadequate sleep	450	39.23
Mood swings	284	24.76
Apathy: loss of interest	274	23.89
Poor concentration	260	22.67
Illnesses	227	19.79
Avoidance of social activities	211	18.4
Isolation/withdrawn	202	17.61
Prolonged sadness	197	17.18
None of the above	164	14.3
Change in appetite	147	12.82
Decline in personal care	144	12.55
Disconnection from reality	75	6.54
Suicidal thoughts	56	4.88
Risky behaviour	49	4.27
Other	27	2.35

Worker Comments

“I feel anxious before my shift even starts."

“Nobody sees how stressed we are. It's like we're invisible."

"Insomnia, hopelessness, and fear build up over time."

"It's like no one sees how this job wears you down."

What We Can Do

- Provide access to trauma-aware peer support and ensure accessibility without stigma.
- Push employers to provide time for recovery and decompression from exceptionally stressful situations (i.e. customer abuse).
- Demand for yearly mental health assessments in high-stress environments with clear follow-up actions and include mental health as a topic is part of all JHSC meetings.

Q18. When was the most recent time mental health was raised during a workplace meeting?

Insights

- A troubling 41% of respondents say mental health has never been discussed in a workplace meeting.
- Only 14% of members recall it being raised in the past month, suggesting the topic is not normalized or prioritized.

When Mental Health Was Last Discussed	Number of Respondents	Percentage of Total (%)
In the past 30 days	163	14.32
In the past 6 months	157	13.8
In the past year	177	15.55
During the pandemic	165	14.5
Never	476	41.83

Worker Comments

"We talk about safety gear, but never mental health."

"They only brought it up once—when someone had a breakdown."

"If it's not about productivity, it's ignored."

"I've never heard management mention mental health."

What We Can Do

- Negotiate for regular mental health updates based on joint H&S meetings which include mental health check-ins at least quarterly.
- Continue to increase the quality and quantity of mental health training for members, stewards and staff.
- Encourage union representatives to bring up mental health in meetings with management and members, normalizing open discussion.

Q19. Does your Joint Health & Safety Committee discuss the mental health of your workplace?

Insights

- Nearly half of all respondents (45%) are unaware if their JHSC discusses mental health—this suggests a lack of transparency or effectiveness in communicating.
- Only 1 in 5 workers report that their JHSC is engaging in conversations about mental health.

Response	Number of Respondents	Percentage of Total (%)
Yes	219	18.96
No	413	35.76
Don't know	523	45.28

Worker Comments

"I've been here 10 years and never heard them mention it."

"We have a committee, but I'm not sure what they do."

"We need more openness—it's not just about slips and trips."

"Mental health concerns are real, but often ignored."

What We Can Do

- Advocate for JHSCs to include mental health as a standing agenda item.
- Post JHSC meeting notes where members can see mental health being addressed.
- Negotiate paid training for stewards and H&S reps on psychological safety.

Q20. How often does the company conduct a risk of violence assessment in your workplace?

Insights

- A staggering 59% of respondents don't know whether violence risk assessments are being conducted.
- Nearly 1 in 4 members say it has never happened—suggesting non-compliance or a complete absence of this safety practice.

Frequency	Number of Respondents	Percentage of Total (%)
Every six months	63	5.46
Every year	83	7.19
Every two years	13	1.13
Never (as long as you have worked there)	282	24.44
Don't know	687	59.54
Other (please specify)	26	2.25

Worker Comments

"If someone threatened me, I wouldn't even know who to tell."

"I've never seen an assessment or even heard of one."

"We only talk about violence after something happens."

"Only when head office is under pressure from government."

What We Can Do

- Push for clear timelines and documentation of risk assessments during Joint Health & Safety Committee meetings.
- Continue to hold employers accountable to the existing provincial legislation
- Make violence risk assessments visible and part of member education and steward advocacy.
- Continue filing grievances and safety reports to provincial governments when assessments are skipped, especially in high-risk workplaces.

Q21. Many disabilities are not visible. Please identify any disability(ies) that have affected you in the past year.

Insights

- Pain-related disabilities (25%) and mental health conditions (21%) are the most reported.
- A significant number also identified mobility and flexibility concerns (both over 9%).
- Memory-related disabilities were reported at a higher rate (10.27%) than expected.

Disability Type	Number of Respondents	Percentage of Total (%)
Vision/seeing	211	10.02
Auditory/hearing	151	7.17
Mobility	206	9.78
Flexibility	180	8.55
Pain-related	532	25.26
Learning	86	4.08
Mental health	456	21.65
Memory	203	9.64
Other	81	3.85

Worker Comments

"The pain never stops, and it wears me down mentally."

"No one believes me because they can't see what I'm going through."

"Mental health issues come and go, but they're always present."

"Mobility is getting harder every year with this workload."

What We Can Do

- Ensure employers offer assessments and equipment that reduce pain and strain.
- Push for clearer pathways to request and implement accommodations—especially for invisible disabilities.
- Support confidential mental health disclosure by educating members and reps about how to safely disclose and support psychological conditions.
- Negotiate contract language that includes non-visible disabilities and accommodation rights.

Q22. If you identified a disability, how does that affect your mental health?

Insights

- Over 75% of respondents report that their disability affects their mental health, with more than half indicating “some impact."
- 1 in 4 respondents describe the impact as “negative," pointing to chronic stress, burnout, and unmanaged physical pain.

Impact Type	Number of Respondents	Percentage of Total (%)
No impact	198	20.29
Some impact	499	51.13
Negative impact	247	25.31
Other	32	3.28

Worker Comments

“I feel like a burden."

“Dealing with pain and being expected to perform like I'm fine is exhausting."

“I've had to fight just to get a chair or schedule change."

"Always feel burnt out, not enough rest… anxiety kicks in."

What We Can Do

- Ensure that support measures account for both physical and mental health impacts—especially when they are interconnected and include accommodations.
- Include psychosocial hazards in assessments by ensuring sure Joint Health & Safety Committees regularly evaluate mental health risks linked to disability.
- Normalize discussions around invisible disabilities to reduce stigma and increase solidarity.

Q23. If applicable, rate the degree of stigma you feel because of a disability.

Insights

- Nearly 1 in 3 workers with a disability experience occasional stigma, and about 1 in 5 face stigmas regularly or frequently.
- Just under half (45%) report being unaware of any stigma, which could reflect supportive environments—or reluctance to disclose experiences.

Stigma Level	Number of Respondents	Percentage of Total (%)
Unaware of stigma	436	45.94
Occasional	290	30.56
Regularly	112	11.8
Frequently	70	7.38
Other (please specify)	41	4.32

Worker Comments

“I never tell management. I can't risk losing shifts."

“People assume you're lazy if you ask for help."

"NEVER ever let management or coworkers know of any disabilities."

"Stigma is an old term. The new is social determinants of health."

What We Can Do

- Promote workplaces where members can safely share disability information without fear of reprisal or judgment.
- Train leadership on disability equity which may include modules in steward and rep training that specifically address unconscious bias and inclusive leadership.

Trust, Inclusion, and Access to Mental Health Support

There is a stark disconnect between employer mental health initiatives and what UFCW members actually experience on the job. While some programs exist, most members don't trust them, don't use them, or don't even know they're available. The result: fear, silence, and mental health struggles going unaddressed.

Trust, Inclusion, and Access to Mental Health Support
19%
Just 19% have used employer mental health resources; most avoid them or feel unsafe.
27%
Only 27% say programs are inclusive; 61% don't know if disclosure policies even exist.
18%
Fewer than 18% know of any mental health accommodations in their workplace.
28%
Only 28% feel safe disclosing mental health concerns at work—fear and silence dominate.
Union support is strong—but mental health training and visibility need greater promotion.

Only 28% of members feel comfortable disclosing a mental health concern to management. The top reasons for not speaking up include toxic workplace culture, fear of being judged, lack of privacy, and fear of punishment. These barriers are made worse by unclear policies and inconsistent leadership skills.

While members consistently name trust and confidentiality as key to opening up, very few workplaces create the conditions to make that possible. Instead, members report feeling like "just a number," with disclosure viewed as risky. Many comments across the country reflect a simple but powerful truth: *empathy matters more than policy, but not to employers.*

Only 19% of members have used their employer's mental health resources—and more than 75% are unaware of or avoid them, often because they feel inaccessible, or unsafe. Cultural disconnects, language barriers, and one-size-fits-all solutions leave many workers behind.

Even more concerning, only 17.5% of members are aware of any workplace accommodations for mental health. Supports like flexible scheduling, quiet spaces, or extra break time are rarely offered—or if they are, they're

not well communicated. This lack of transparency creates more risk for those who need help the most.

While 31% of members said discrimination has negatively impacted their mental health, most do not see employer efforts that reflect diverse lived experiences. Only 27% agree that their company's mental health programs are inclusive, and 61% don't know if a disclosure policy even exists.

Co-worker support is also strained. Members say they often feel uncomfortable sharing with peers due to fear of gossip, judgment, or lack of connection. Some workplaces actively discourage worker solidarity. Just over half said supervisors encourage mutual support—and even then, many said this depends entirely on the individual manager.

Amid these gaps, UFCW Locals remain a source of trust. Nearly 73% of members say the union plays a strong role in helping with grievances, and over half recognize its role in advocating for accommodations. However, fewer than half are aware of union training and education efforts around mental health—highlighting the need to better promote what the union already does well.

UFCW members are asking for more than access to resources, they want *relationships* built on trust, *policies* backed by action, and *spaces* where it's safe to speak honestly about their mental health. The opportunity is clear: UFCW Canada can lead the charge by strengthening privacy protections, steward training, and advocacy that reflects the real lives of its members.

Q24 Rate your comfort level in disclosing a mental health decline at work with management.

Insights

- More than half of respondents (51.2%) feel uncomfortable or very uncomfortable discussing a mental health issue with management.
- The "neutral" middle ground (20.7%) suggests many are unsure—perhaps due to workplace culture, past experiences, or fear of stigma.

Comfort Level	Number of Respondents	Percentage of Total (%)
Very uncomfortable	373	35.9
Uncomfortable	159	15.3
Neutral	215	20.7
Comfortable	81	7.8
Very comfortable	211	20.3

Worker Comments

"I don't want to be seen as weak or unreliable."

"I'd never tell a manager—doesn't feel safe."

"Depends which supervisor you get."

What We Can Do

- Advocate for employer training that builds trust and protects confidentiality around mental health disclosures.
- Equip stewards with tools in developing a disclosure support protocol that members can use when speaking with union or management.
- Ensure collective agreements acknowledge mental health and promote safe, stigma-free reporting structures.

Q25. Select the reason(s) workers may be reluctant to talk with a manager/supervisor about mental health:

Insights

- The top concern was 'toxic workplace culture'—with nearly 2 in 3 respondents naming it as a hazard.
- Stigma, lack of trust, and fear of reprisal are major psychological barriers—especially troubling in environments already lacking privacy.

Reason	Number of Respondents	Percentage of Total (%)
Toxic workplace	671	65.1
Fear of repercussion	470	45.6
Don't want to be judged/stigmatized	461	44.8
Lack of privacy	453	44.0
Don't know supervisor well enough	355	34.5
Lack of time while at work	300	29.1
Other (please specify)	85	8.3

Worker Comments

"They don't care. They scarcely care for physical health reasons."

"People get punished when they open up—it's not worth it."

"There's nobody to talk to, and even if there was, nothing would change."

What We Can Do

- Challenge toxic culture head-on through grievance procedures, labour-management meetings, and educational campaigns focused on workplace dignity.
- Push for anonymous mental health reporting tools at the workplace.

Q26. What would encourage workers to discuss mental health issue(s) with a manager/supervisor?

Insights

- Most members seek trust and confidentiality above all before disclosing mental health issues.
- Workers emphasized they deserve empathy from managers and a real commitment to change—not just policies.
- Structural supports like clear procedures and social stewards were also recommended.

Grouped Responses by Theme

Trust and Confidentiality

Being heard without fear of it being used against me.
If it could be done confidentially with a union rep.
I don't want it used against me.

Management's Openness and Support

If managers were more empathetic.
If they actually listened instead of dismissing us.
If supervisors took the time to listen.

Clear Policies or Mental Health Plans

A clear policy in place would help.
Maybe an anonymous form to begin with.
A clear protocol to start the conversation.

Visible Action and Follow-Through

I'd talk if I believed something would change.
Too many promises, no real follow-through.
They promise, but there's never any change.

Workplace Culture Shift

If the workplace wasn't so toxic.
Culture needs to change, not just policies.
A culture shift is necessary.

What We Can Do

- Consider management–union mental health workshops that stress confidentiality and non-judgment.
- Consider additional training for stewards in peer mental health support and confidential listening.

Q27. Have you ever utilized mental health resources provided by your employer?

Insights

- A large majority (77%) of members reported they had never used mental health resources provided by their employer.
- Only 19% reported using those services, while nearly 4% were unsure, unaware, or described access challenges.
- Respondents raised concerns about lack of awareness, access difficulties, and mistrust in effectiveness.

Answer Choice	Number of Respondents	Percentage of Total (%)
Yes	203	19.0%
No	823	77.1%
Other	42	3.9%

Worker Comments

"Don't know if there are mental health resources available to me through work."

"I don't trust the employer's program—it's not really private."

"They only mention mental health after a crisis."

What We Can Do

- Demand greater visibility by demanding employers clearly communicate what mental health supports are available and how to access them regularly.
- Advocate for confidential, free, and easy-to-access services that don't rely on employer gatekeeping.

Q28. Have you encountered any barriers to accessing mental health resources that you believe are related to your lived identity(ies)?

Insights

- More than one in ten members believe their lived identity has created barriers to accessing mental health resources.
- Some respondents cited lack of confidentiality, dismissal by professionals, or a sense of not being included in available supports.

Answer Choice	Number of Respondents	Percentage of Total (%)
Yes	122	11.8%
No	845	81.6%
Comment	68	6.6%

Worker Comments

"Mental health looks different in my culture. They don't get that."

"I feel judged for being a trans worker asking for help."

"There's no one like me at the table when programs are created."

What We Can Do

- Ensure all identities are considered in service planning and delivery.
- Demand clarity around available services, eligibility, and how to access them.
- Prepare Stewards and Reps to support disclosure and direct members to relevant, respectful supports.

Q29. Rate: The company's mental health initiatives and programs adequately represent and address the mental health concerns of diverse groups.

Insights

- Only one third of respondents agreed or strongly agreed that mental health programs address the concerns of diverse groups.
- Nearly half (49.1%) selected 'Neither agree nor disagree', which may indicate a lack of awareness or certainty about the programs' inclusiveness.
- These results suggest an opportunity for clearer messaging and a deeper evaluation of equity in mental health support.

Answer Choice	Number of Respondents	Percentage of Total (%)
Strongly agree	98	9.3%
Agree	224	21.2%
Neither agree nor disagree	519	49.1%
Disagree	119	11.3%
Strongly disagree	96	9.1%

Worker Comments

"It's unclear how they support racialized or LGBTQ workers."

"There's a disconnect between what's offered and what's needed."

"I don't know if our programs even talk about diversity."

"There's no cultural relevance or representation."

What We Can Do

- Assess whether employer mental health resources are inclusive of 2SLGBTQI+, racialized, immigrant, and Indigenous members.
- Push for collaborative design of mental health supports with equity-deserving groups.
- Evaluate not just availability but impact, through member feedback and transparent reporting.

Q30. Does the company you work for have a 'disclosure policy' that would protect workers' privacy if they choose to share personal mental health information?

Insights

- A majority of members (60%) do not know whether a disclosure policy exists, suggesting a significant communication gap.
- These findings suggest uncertainty and potential risk for members who may wish to share sensitive information but are unsure of the safeguards.

Answer Choice	Number of Respondents	Percentage of Total (%)
Yes	346	32.4%
No	73	6.8%
Don't know	650	60.8%

Worker Comments

"They don't talk about mental health protections at all."

"I want to feel safe, but I don't know my rights."

"Disclosure shouldn't feel risky."

What We Can Do

- Ensure all members receive plain language information about disclosure rights and privacy protections.
- Develop and deliver more training for members to understand and respect disclosure rights.

Q31. Rate: The company supervisors/managers receive sufficient training on diversity, inclusion, and equity as it relates to mental health.

Insights

- The largest group (44.7%) selected 'Neither agree nor disagree', which may reflect a lack of visibility into supervisor training or uncertainty about its quality. However, it is also possible that the participants were unclear on the interpretation of the question.
- More than 25% disagreed or strongly disagreed, showing concern about leadership's preparedness to support mental health in an inclusive way.

Answer Choice	Number of Respondents	Percentage of Total (%)
Strongly agree	86	8.1%
Agree	192	18.2%
Neither agree nor disagree	473	44.8%
Disagree	172	16.3%
Strongly disagree	133	12.6%

Worker Comments

"Supervisors need a lot more training on what inclusion really means."

"Most managers still ignore diversity-related concerns completely."

"Our managers mean well but don't know what to say."

What We Can Do

- Consider negotiating joint union-employer training on equity-related mental health competencies for all supervisors and Reps.
- Ensure members know what training exists and how supervisors are being held accountable.
- Include worker feedback in assessing whether training is making a real difference on the shop floor.

Q32. Have experiences of discrimination or exclusion at work negatively impacted your mental health?

Insights

- Almost one in three respondents reported that discrimination or exclusion has negatively affected their mental health.
- The number of comments and the complexity of experiences suggest many workers have faced or witnessed exclusion, even if not all responded affirmatively.

Answer Choice	Number of Respondents	Percentage of Total (%)
Yes	325	31.2%
No	656	62.9%
Comment (please specify)	62	5.9%

Worker Comments

"Supervisors play favourites – it wears you down after a while."

"I was judged for a medical condition I had no control over."

"Being the only one like me in my department is exhausting."

What We Can Do

- Push for anti-discrimination policies to be made more visible, enforceable, and responsive to member complaints.
- Launch workplace inclusion audits to identify systemic exclusion or bias.
- Create mental health support systems that specifically address the compounding effects of discrimination.

Q33. Rate your comfort level in disclosing a mental health decline at work with a co-worker.

Insights

Many members don't feel safe even with coworkers. This reflects a culture of silence, where stigma prevents people from supporting one another.

Response Category	Percentage (%)
Uncomfortable or Somewhat Uncomfortable	45.0%
Neutral	24.0%
Comfortable or Very Comfortable	31.0%

Worker Comments

"I don't want to burden anyone else with my problems."

"Talking helps—but I'm scared of how people will react."

"If we had a buddy system or peer group, I'd use it."

What We Can Do

- Train members/stewards to serve as first points of contact for mental health engagements.
- Normalize brief mental health check-ins as part of union meetings.

Q34. What would encourage workers to discuss mental health issue(s) with co-workers?

Insights

- Trust and confidentiality were the most frequently mentioned needs across the country.
- Many respondents emphasized the importance of physical and social environments that support privacy, listening, and connection.

Thematic Categories with Worker Comments

Trust and Confidentiality

"Trust and mutual respect among coworkers."
"Reliable person with guaranteed confidentiality."
"Colleagues you can totally trust."

Time and Space to Talk

"A place other than the cafeteria to talk."
"Have time to talk, even if we stop a machine."
"Quiet, informal space without clients around."

Judgment and Stigma

"Destroy the stigma. Make help easily accessible."
"We don't want to be seen differently."
"Fear of judgment is still very real."

Peer Connection and Shared Experience

"We all go through the same things together."
"Talking is easier when we share the same concerns."

Supportive Environment

"We wish we could talk more with management."
"Better work relationships would help."

Mental Health Awareness and Education

"More awareness and prevention sessions."
"Training workers on the subject."
"Normalize talking about mental health at work."

What We Can Do

- Ensure all union events/meetings protect confidentiality and build trust.
- Expand mental health education that normalizes conversations and reduces stigma in the workplace.

Q35. Select the reason(s) workers may be reluctant to talk with co-workers about mental health:

Insights

- The most common concern was fear of being judged or stigmatized, followed closely by lack of privacy.
- Over half the respondents also cited unfamiliarity with co-workers or a toxic workplace as key barriers.
- Time constraints and fear of repercussions were each noted by around a third of respondents.

Answer Choice	Number of Respondents	Percentage of Total (%)
Toxic workplace	365	11.9%
Lack of privacy	637	20.8%
Don't know co-workers well enough	587	19.2%
Don't want to be judged/stigmatized	738	24.1%
Lack of time while at work	325	10.6%
Fear of repercussion	365	11.9%
Other (please specify)	43	1.4%

Worker Comments

"Fear of being misunderstood or judged keeps me quiet."

"We are too busy and don't know each other well enough."

"Can't trust them enough to share something like mental issues."

What We Can Do

- Advocate for clear policies that protect workers' privacy during mental health discussions.
- Launch anti-stigma campaigns to normalize mental health conversations in the workplace.
- Advocate for designated safe spaces where workers can discuss mental health issues confidentially.

Q36. Do your supervisors/managers encourage workers to support each other?

Insights

- Just over half of respondents (53%) reported that their supervisors encourage workers to support each other.
- 36% said no, while 10% selected 'Other,' often indicating variability by manager or confusion.
- A review of comments shows many respondents are uncertain or feel encouragement is inconsistent, often depending on the individual supervisor or team environment.

Answer Choice	Number of Respondents	Percentage of Total (%)
Yes	549	53.1%
No	381	36.8%
Other (please specify)	104	10.1%

Worker Comments

"Depends on the lead of the team, some are good, some are not."

"They do not encourage relationships of any kind outside of the workplace—even if they're just friendly in nature."

"Our current supervisor tried to get my fellow co-workers and I to try and snitch on each other.

"If it's for production, yes. If it's personal, absolutely not.

What We Can Do

- Create expectations that supervisors understand the importance of fostering peer support as part of workplace wellness.
- Encourage regular assessments of team dynamics to ensure all departments/units are fostering supportive environments.
- Create channels for workers to report when peer support is either encouraged or neglected, to identify areas for improvement.

Q37. Are you aware of any workplace accommodations that have been offered by the employer to workers experiencing a mental health decline?

Insights

- Only 17% of respondents were aware of accommodations related to mental health, while 75% said they were not.
- This reflects a significant communication gap about the existence or visibility of accommodations for mental health in the workplace.

Answer Choice	# of Respondents	Percentage of Total (%)
Yes	194	17.5%
No	837	75.5%
Take additional break time	0	0.0%
Participate in flexible schedule/hours	0	0.0%
Ensure quieter workspace (less distractions)	0	0.0%
Not aware of modifications	78	7.0%

Worker Comments

"We have pamphlets in our cafeteria that have numbers to contact for counselling."

"I went to my HR with my mental health concern and she got me in touch with the crisis house and I was admitted there that day."

"They have gotten proper number to contact the proper people. We have had managers to accommodate worker with living arrangements and income support for food."

"Unpaid leave without consequences. Logistical support to get help and health insurance."

What We Can Do

- Advocate for clear and accessible information about available mental health accommodations in the workplace.
- Push employers to implement flexible scheduling, quiet spaces, and additional break times as standard accommodations.
- Advocate for regular reviews to ensure accommodations are applied consistently and effectively.

Q38. Check the roles you know your Local Union takes in protecting your psychological health and safety at work.

Insights

- The most recognized role was helping with grievances, followed closely by ensuring contract wages and benefits.
- About half of respondents were aware of the union's advocacy on accommodations or workplace conditions.
- Only 51% recognized training and education as part of the union's role, suggesting further promotion of education initiatives may be needed.

Union Role	# of Selections	Percentage of Total Respondents (%)
Provide training and education on mental health	485	50.8%
Assist workers with their grievances/complaints	696	72.9%
Advocate for workers (i.e. accommodations)	508	53.2%
Negotiate improved work conditions	549	57.5%
Ensure workers receive wages/benefits in the contract	581	60.8%
Other (please specify)	65	6.8%

Worker Comments

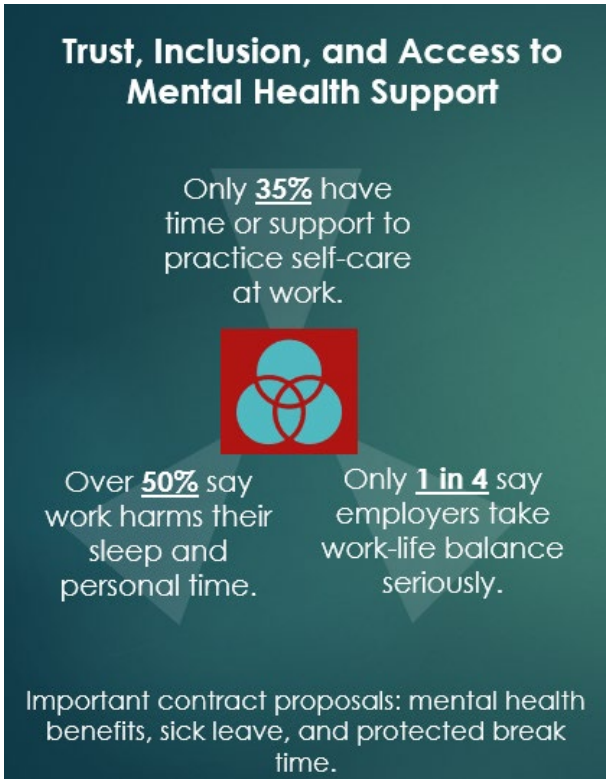
"Reps spend a lot of time listening to members and directing them to resources."

"Less customer interaction when social anxiety caused a bad panic attack (happened to myself)."

What We Can Do

- Encourage for stronger and more mental health training initiatives within Local Unions.
- Push for more transparent and consistent advocacy for worker accommodations.
- Ensure more members are aware of the roles Local Unions play in supporting their psychological health and safety.

Self-Care, Work-Life Balance, and Collective Bargaining Needs


Trust, Inclusion, and Access to Mental Health Support
Only 35% have time or support to practice self-care at work.
Over 50% say work harms their sleep and personal time.
Only 1 in 4 say employers take work-life balance seriously.
Important contract proposals: mental health benefits, sick leave, and protected break time.

Many UFCW members are struggling to protect their mental health on the job—not just because of personal challenges, but because of workplaces that limit time, space, and support for self-care. From denied breaks to performative promises of work-life balance, the data underscores that many members are managing under stress, not thriving.

Only 35% of members said they have opportunities to practice self-care at work. The most common reasons for this included lack of time, workplace pressure, and judgment from supervisors. Even basic needs—like sitting down, getting adequate breaks, or stepping away for a moment—are seen as privileges rather than rights.

When asked what they'd like to see in their contracts, members named mental health benefits (33%), adequate breaks (27%), and mental health sick leave as top priorities. These selections reflect members' lived experiences: financial strain, overwork, and lack of safe space all limit the ability to care for themselves. Comments show workers feel pressure to skip breaks, fear judgment, or hide when they're overwhelmed.

Over 50% of respondents said work negatively affects personal time and sleep—two essential components of mental wellness. Irregular shifts, long commutes, and job-related stress spill into members' home lives. Even those with "good" work-life balance say it comes at the cost of sleep or time with loved ones.

Yet perhaps most telling is how members view their employer's commitment to work-life balance. Only 1 in 4 said their employer raises

the topic regularly and is willing to listen. The majority said their employer either ignores the issue or speaks about it without taking meaningful action.

Members are asking for more than platitudes—they want breaks they can actually take, benefits they can actually use, and schedules that respect their lives outside of work. UFCW has a clear opportunity to lead the way in bargaining, education, and advocacy that puts mental health, rest, and recovery at the heart of workplace justice.

Q39. Do you have an opportunity to practice self-care at work?

Insights

- Only about 34% of respondents said they could practice self-care during work.
- 60% reported they could not, citing lack of time or managerial discouragement
- Workload intensity and rigid scheduling continue to be barriers to basic well-being during shifts.

Answer Choice	Number of Respondents	Percentage of Total (%)
Yes	251	34.8%
No	440	60.9%
Other (please specify)	31	4.3%

Worker Comments

"It's rarely acceptable to relax at work according to supervisors and management."

"I take time to do breathing exercises or go for a short walk on lunch when I can."

"No, barely have time to eat adequately even."

"Washroom breaks are also timed – too long being 5–10 minutes away from the department."

What We Can Do

- Bargain for supported self-care breaks or flexibility in break timing.
- Push for policies that normalize and protect self-care during shifts, including access to quiet spaces or rest areas.

Q40. What is the most important provision for your Local to negotiate into your contract to support your self-care on the job?

Insights

- Mental health benefits topped the list, highlighting the financial and accessibility challenges members face.
- Adequate breaks were also highly rated, echoing concerns about staffing and workload mentioned elsewhere in the survey.

Contract Provision	Number of Selections	Percentage (%)
Adequate breaks	192	26.9%
Confidentiality and disclosure policy	47	6.6%
Wages	120	16.8%
Mental Health benefits	233	32.7%
Sick days include mental health declines	79	11.1%
Other (please specify)	42	5.9%

Worker Comments

"We need more labour hours so there is sufficient coverage to take breaks."

"Would love to see sick days to include mental health days and to have help with mental health benefits. Therapy is expensive and it's hard to find a good price point for it."

"I can't afford to see a specialist, because the cost of the session is over $200 and benefits cover only $40."

What We Can Do

- Push for mental health coverage that reflects realistic therapy costs.
- Promote mental health sick leave policies that treat psychological and physical health equally.

Q41. What challenges do you find applying self-care at work?

Insights

- Over half of respondents cited 'finding the time' or 'no time' as major barriers.
- Fear of judgment remains a notable concern.

Challenge	Number of Respondents	Percentage (%)
My daily habits and routines don't include self-care	161	13.0%
Finding the time to include self-care	358	28.8%
Fear of being judged	214	17.2%
No time	267	21.5%
Finding effective self-care approaches	213	17.1%
Other (please specify)	30	2.4%

Worker Comments

"We're always apologizing for a self-care moment or breakdown."

"Most people skip breaks in fear of falling behind—can't afford time or money-wise to take care of yourself outside of work let alone in it."

"Self-care is not enough when the environment is violent and we're not trained to handle such difficult clients."

What We Can Do

- Normalize and promote mental wellness as part of the work culture through steward leadership.
- Push employers to create realistic workload expectations that account for mental recovery.

Q42. Select the self-care items that work affects negatively.

Insights

- Approximately half of respondents reported personal time and sleep as being negatively affected.
- Time management and quality time with loved ones followed closely.
- Many responses reflect the cumulative impact of unpredictable schedules, long shifts, and staffing shortages.

Self-Care Item	Count	Percentage (%)
Reflecting/meditating	119	18.8%
Personal time	314	49.7%
Time management	239	37.8%
Creative activities	139	22.0%
Therapy/counselling	131	20.7%
Quality time with loved ones	228	36.1%
Regular exercise	183	29.0%
Healthy diet	203	32.1%
Adequate sleep	316	50.0%
Other (please specify)	36	5.7%

Worker Comments

"Breaks are almost always interrupted."

“Less sleep.”

What We Can Do

- Campaign for consistent and predictable scheduling practices in CBAs.
- Educate members on boundary-setting and how to protect personal time.

Q43. How would you rate your overall work-life balance?

Insights

- More than 40% of respondents rated their work-life balance as 'Fair' or lower.
- These results align with other responses suggesting long shifts, lack of breaks, and stress carry over into personal life.
- While 'Good' ratings suggest some positive trends, the overall average of 3.0 indicates significant room for improvement.

Work-Life Balance Rating	Count	Percentage (%)
Very Poor	64	8.8%
Poor	113	15.6%
Fair	317	43.7%
Good	185	25.5%
Excellent	47	6.5%

Worker Comments

"I work full time but feel like I miss most of my family's lives."

"We are short staffed, so even days off feel like catch-up days."

"I've adjusted my expectations—balance is impossible during peak periods."

What We Can Do

- Use mental health survey results to advocate for sustainable workloads.
- Encourage JHSCs to track and respond to burnout risk indicators in scheduling and staffing.

Q44. What is your employer's approach to a healthy work/life balance?

Insights

- Only 24.2% of respondents feel their employer regularly discusses work/life balance and is willing to listen.
- The largest group (35.7%) said the topic is mentioned but rarely acted on.
- Over 30% believe their employer does not value work/life balance at all.

Employer Approach	Count	Percentage (%)
Nothing – employers think life should only be about work	230	33.7%
Employers raised the topic infrequently, but won't do much	244	35.7%
Employers raised the topic regularly and willing to listen	165	24.2%
Other (please specify)	44	6.4%

Worker Comments

"They talk about it because they have to, don't actually do anything about it."

"It's never been brought up at work. The schedule is random."

"Some accommodations exist, but it depends on which site you work at."

"It's never been brought up at work. They ask for your availability. And schedule you in randomly."

What We Can Do

- Demand action-based accountability, such as tracked implementation of balance-related policies.

- Consider union-led recognition for employers or departments that show real commitment to member wellness.

Final Thoughts on Mental Health and the Workplace

Insight: Toxic Management Practices Are a Major Mental Health Hazard

Members described abusive leadership, discriminatory behaviour, and lack of accountability as key sources of workplace stress. Many do not feel safe speaking up, and when they do, complaints about management are often ignored or dismissed.

The last question invited members to share any other thoughts about mental health and the workplace. Responses were grouped into seven key themes based on the issues raised most frequently.

Management Behaviour and Accountability

Many members raised concerns about toxic managers, discriminatory practices, and lack of leadership accountability regarding mental health.

> *"Living wages, full medical and dental for all workers, adequate staffing and not hiring racist, misogynistic and drug and alcohol dependent managers would be a start."*
>
> *"The company doesn't take any complaints seriously, especially if it is about management."*
>
> *"There is zero accountability for mental stress caused by team leads and supervisors."*

Need for Union and Steward Support

Several comments stressed the importance of having trained union stewards and union-driven protocols to support members experiencing mental health issues.

> *"Train Union Stewards strictly on Mental Health, put protocols in place to assist workers."*
>
> *"We need a steward who understands mental health and doesn't dismiss it."*
>
> *"Support from the union is appreciated but should be more proactive, not just reactive."*

Mental Health Resources and Training

Members called for more resources, education, and visibility on mental health supports offered in their workplaces.

> ***"If workers are able to have more resources on mental health it would be great."***
>
> ***"There should be mental health first aid training for all workers."***
>
> ***"We need posters, info sessions, and easy-to-find support links in the workplace."***

Scheduling, Staffing, and Breaks

A recurring theme was unreasonable scheduling, lack of adequate staffing, and missed or denied breaks—factors that worsen mental strain.

> ***"Not enough staff, always running around, no time for breaks."***
>
> ***"Letting people take proper breaks would help a lot."***
>
> ***"Schedules are made without thinking of work-life balance or mental strain."***

Respect and Fair Treatment

Members expressed the need to be respected and treated fairly at work, which they link directly to their mental wellbeing.

> ***"A little more respect and dignity would go a long way."***
>
> ***"Being heard and not dismissed would be helpful."***
>
> ***"We're human beings, not robots. Some managers forget that."***

Safe and Supportive Work Environment

Several responses emphasized the need for psychologically safe workplaces where people feel comfortable being themselves and speaking up.

> ***"Not working alone is important, especially in the evenings."***
>
> ***"I don't feel safe discussing mental health at work."***
>
> ***"We need to be able to speak up without fear of being targeted."***

Pay and Job Security

Poor compensation and fear of job loss were raised as core stressors that negatively impact members' mental health.

> ***"Better pay would solve a lot of mental health issues."***
>
> ***"Fear of losing hours or being replaced keeps people silent."***
>
> ***"Living wage = better mental health."***

What We Can do:

- Advocate for employer-union collaboration on investigating psychological harassment and toxic leadership complaints.
- Ensure language about emotional abuse or intimidation by supervisors is embedded in collective agreements and training.
- Establish union-backed channels for workers to report toxic management behaviour without fear of retaliation.

Insight: Members Want the Union to Lead on Mental Health Education and Steward Training

Many members trust the union but feel its support is reactive and inconsistent when it comes to mental health. They are calling for better-trained stewards, clearer protocols, and visible union-led advocacy.

What We Can Do:

- Ensure stewards complete UFCW-developed mental health and trauma-informed response training.
- Develop and circulate clear, accessible union guidelines on how to support members in mental distress.
- Display mental health posters and steward contact information in break rooms and common areas, signaling the union's role in this issue.

Insight: Basic Working Conditions Are Eroding Mental Health

Unreasonable schedules, missed breaks, short-staffing, and job insecurity are recurring issues. Members consistently link these conditions to stress, burnout, and poor mental health outcomes.

What We Can Do

- Introduce enforceable contract language on minimum staffing ratios and uninterrupted break time.
- Push for mental health sick leave, living wages, and fair scheduling as key bargaining demands.
- Use steward reports or anonymous surveys to track denied breaks and overwork and se that data to push for compliance and change.